



**RICHARD M. FLYNN**  
COMMISSIONER OF SAFETY

# The State of New Hampshire

DEPARTMENT OF SAFETY  
Division of Safety Services  
Tramway & Amusement Ride Safety  
31 Dock Road  
Gilford, NH 03249-7627  
(603) 293-0094

**DAVID T. BARRETT**  
Director  
Division of Safety Services

**BRUCE W. BURROUGHS**  
Chief  
Tramway and Amusement Ride Safety

## AMUSEMENT RIDE/DEVICE REVIEW FORM

### CARNIVAL-AMUSEMENT DEVICE REGISTRATION FORM

NAME (OWNER/OPERATOR)\_\_\_\_\_

Permanent Mailing Address:\_\_\_\_\_

City\_\_\_\_\_State\_\_\_\_\_Zip\_\_\_\_\_Phone\_\_\_\_\_

Name of Carnival-Amusement Company\_\_\_\_\_

Address if different from above:\_\_\_\_\_

City\_\_\_\_\_State\_\_\_\_\_Zip\_\_\_\_\_Phone\_\_\_\_\_

Equipment Name & Make of Device	Serial Number	NH Identification Number	Decal Number Issued	Fee (\$120.00 Per Device)
------------------------------------	---------------	-----------------------------	------------------------	------------------------------


NOTE: Where a device bears no Serial number (i.e., it is home made or made from composite parts) a number shall be assigned to that device by the owner or insurer so that it is possible to make a positive identification of the device. New Hampshire assigned identification numbers shall be permanently affixed to each device.

Date\_\_\_\_\_

Signature of Applicant\_\_\_\_\_

For Office Use: Check #\_\_\_\_\_  
Amount\_\_\_\_\_